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TO: ADULT MENTAL HEALTH COMMUNITY SUPPORT PROVIDERS
FR: MARYA FAUST, QUALITY CARE MANAGER, AMHS
RE: CLARIFICATION ISP RDS
DA: FEBRUARY 17, 2006

First, I want to apologize for adding to the confusion about what must be entered as a resource need on the ISP RDS. One of our goals is to be as efficient as possible in data collection to reduce the burden on the provider while collecting required and usable data. I have had conversations with the MAMHS Adult Subcommittee, with numerous staff and providers, with the Region 1 Mentors Group, and other stakeholders about what is included as a resource need on the ISP RDS.

Having considered both the intent to streamline as much as possible and the need to collect meaningful, comparable data, we have decided on the following:

When a CSW and the client meet to do their ISP, and they identify a resource need that the client does not currently have in place, and they are putting this on the ISP as an identified need, then this would also be put on the RDS. The date put into section 15 (Date Needed Resource Identified) is the date that that **resource need** was identified. This will in most instances correlate with the date that a referral was made for that resource.

Then at the next review of the entire ISP, the date that a resource was received is added to Section 16 or the box in Section 17 is checked indicating that the identified resource is no longer needed. If the resource is still needed, then leave both Section 16 and 17 blank.

We had talked of omitting from the ISP RDS any resource need that is likely to be readily available, but have been convinced that this will add to data inconsistency and incompleteness.

Again, my apologies for the confusion and change in direction, and my thanks to the providers, particularly Kay Carter and Peter Sentner for discussions about this.